

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		2				
4		1				
5	1	1				
6		1				
7	1					
8		1				
9		1				
10	1					
11		1				
12	1					
13		1				
14		1				
15	1					
16		1				
17	1					
18		1				
19		2				
20	1					
21		1				
22	1					
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41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47		14				
48	1					
49						
50						

21

42

63

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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